

ECS Mandate Form

ECS-I

Electronic Clearing Service (ECS) for Credit Clearing Mandate Form

(Account holder's option to receive payment through Credit Clearing Mechanism)

1. Name of Account Holder(s) : -

2.

SL. No.	Type of Account (MIS/SCSS/TD)	Account Number
01		
02		
03		
04		
05		

2. Account Number (MIS/TD/SCSS etc) : -

3. Particulars of Bank Account in which interest amount to be credited:

A. Name of the Bank : -

B. Name of the branch : -

C. Bank Account Number (Savings) & Code : -

D. 9- Digit MICR Code : -

Note:- Please attach a blank cancelled cheque or self attested photocopy of front page of your savings account passbook issued by your bank for verification of the above particulars.

4. Mobile Number: -

5. Date of Effect: -

i) I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Post Office or Bank responsible. I have read the conditions prescribed under Appendix I of POSB (CBS) Manual for ECS facility.

ii) In case of ECS returns due to any reason, I will take payment of ECS return amount from the concerned Post Office.

Date: -

(.....)

Signature of the Account holder(s)

Certified that the particulars furnished above are correct as per our records.

Date Stamp (.....)

stamp Signature of the APM/SPM/PM with